



# State of Idaho

## Peace Officer Standards and Training

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### SUPERVISOR AFFIDAVIT IN SUPPORT OF REQUEST FOR HEARING WAIVER

STATE OF IDAHO )  
 ) ss.  
County of \_\_\_\_\_ )

NAME OF APPLICANT: \_\_\_\_\_

NAME OF APPLICANT'S SUPERVISOR: \_\_\_\_\_, being

first duly sworn upon his/her oath, deposes and responds to the following questions as follows:

1. I am over eighteen years of age and competent to testify.
2. I make this affidavit based on my personal knowledge.
3. I am aware that Applicant has a hearing deficiency according to POST Council's hearing standards.
4. The hearing deficiency is: \_\_\_\_\_

5. I **have** / **have not** noticed any problems regarding Applicant's hearing that affect his/her ability to perform his/her job duties as a: **Job Title:** \_\_\_\_\_.

6. I **have** / **have no** safety concerns for either Applicant or his/her co-workers or those under his/her supervision.

7. The agency head: **Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

supports Applicant's request for a hearing waiver.

8. Add any further information, explanation or description that you want the POST Council Hearing Board to consider: \_\_\_\_\_

9. Further your affiant sayeth naught.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SUPERVISOR

\_\_\_\_\_  
SUPERVISOR'S TITLE

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_, before me, \_\_\_\_\_,  
personally appeared \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the  
person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same.

\_\_\_\_\_  
Notary Public  
Residing in \_\_\_\_\_  
Commission expires on: \_\_\_\_\_